

General Practitioner Check-Up Exam Report

Patient Information

Full Name:

Date of Birth:

Gender:

Select

Patient ID:

Date of Exam:

Vital Signs

Blood Pressure:

e.g. 120/80 mmHg

Heart Rate:

e.g. 72 bpm

Respiratory Rate:

e.g. 16/min

Temperature:

e.g. 36.6°C

Weight:

e.g. 68 kg

Height:

e.g. 172 cm

BMI:

Presenting Complaints

Medical History

Physical Examination

General Appearance:	<input type="text"/>
Head/Neck:	<input type="text"/>
Cardiovascular:	<input type="text"/>
Respiratory:	<input type="text"/>
Abdomen:	<input type="text"/>
Musculoskeletal:	<input type="text"/>
Nervous System:	<input type="text"/>
Other Findings:	<input type="text"/>

Assessment/Diagnosis

Plan / Recommendations

Practitioner Information

Name:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>
